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## BIB DATA SHEET

CONFIRMATION NO. 4597

| SERIAL NUMBER   | FILING or 371(c)<br>DATE<br>RULE  | CLASS                                  | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.<br>SIGU3013/JJC |                                    |
|---|---|--|---|--|------------------------------------|
| 10/725,479  | 12/03/2003  | 602                                    | 3772  |  |                                    |
| <b>APPLICANTS</b><br>Gudmundur Fertram Sigurjonsson, Reykjavik, ICELAND;<br>Thordur M. Elefsen, Mosfellsbaer, ICELAND;<br>Palmar I. Gudnason, Reykjavik, ICELAND;   |   |  |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/437,146 12/31/2002<br>and claims benefit of 60/482,775 06/27/2003<br>and claims benefit of 60/503,546 09/17/2003<br>and claims benefit of 60/518,317 11/10/2003                                    |   |  |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |  |   |  |                                    |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/27/2004  |   |  |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and /KIM M LEWIS/<br>Acknowledged Examiner's signature | <input type="checkbox"/> Met after Allowance<br>Indicate  | <b>STATE OR<br/>COUNTRY</b><br>ICELAND | <b>SHEETS<br/>DRAWINGS</b><br>10  | <b>TOTAL<br/>CLAIMS</b><br>20          | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>BACON & THOMAS, PLLC<br>625 SLATERS LANE<br>FOURTH FLOOR<br>ALEXANDRIA, VA 22314-1176<br>UNITED STATES  |   |  |   |  |                                    |
| <b>TITLE</b><br>Wound dressing having a facing surface with variable tackiness  |   |  |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>892   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |